

# DELAWARE VALLEY REGIONAL HIGH SCHOOL

# Summer <sup>2-DAY</sup> CHEER CLINIC

AUGUST 7th & 8th | 9:00 am - 12:00 pm | Delaware Valley High School

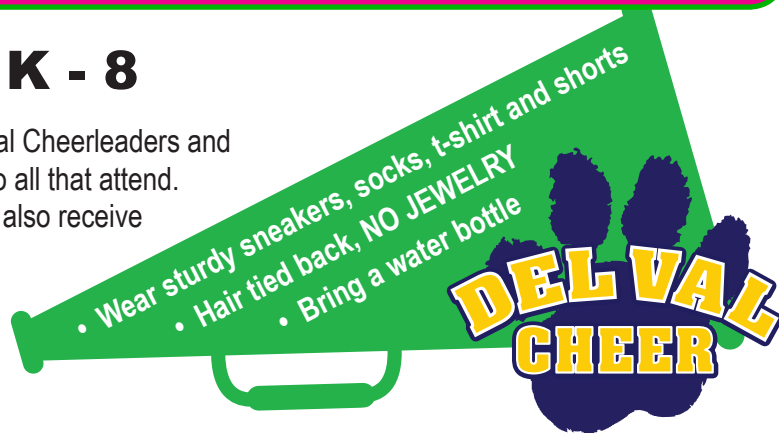
## OPEN TO ALL IN GRADES K - 8

**Please join us for some summer cheer fun!** The Del Val Cheerleaders and Coaches will teach cheers, dances, tumbling, jumps and stunts to all that attend. Squad and age appropriate material will be taught. Everyone will also receive a Del Val Cheer T-Shirt, a snack and a drink.

### The cost is \$40 for this 2 day clinic.

Pre-registration is strongly recommended. Please mail the registration form and payment before July 15th, 2019.

Walk-In Registration starts at 8:30 AM.



### 2 DAY CHEER CLINIC, DEL VAL CHEER T-SHIRT, SNACK AND DRINK

If you have any questions please call or email: Melissa Hancsin at 908-399-0603 / hancsinfamiy@hotmail.com



Please cut and mail this registration form.

## REGISTRATION FORM

Delaware Valley Cheerleading | Summer Cheer Clinic | August 7th & 8th

Name \_\_\_\_\_

Grade / Age \_\_\_\_\_ Shirt Size: YM YL AS AM AL

Address \_\_\_\_\_

School / Squad \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Email \_\_\_\_\_

Policy Number: \_\_\_\_\_

Parent Contact \_\_\_\_\_

Allergies / Health Concerns \_\_\_\_\_

Parent Phone \_\_\_\_\_

### MEDICAL TREATMENT AND LIABILITY DISCLOSURE:

I, \_\_\_\_\_ do hereby grant permission for my child \_\_\_\_\_ to participate in the Del Val Cheer Summer Clinic. In order that she may receive the necessary medical treatment in the event of an injury or illness, I authorize medical treatment for my child for such injury or illness and hold its representative harmless in the exercise of the authority. The undersigned releases from any liability the Delaware Valley Regional High School and Board of Education of the Delaware Valley Regional High School, the coaches of the Delaware Valley Regional High School Program, the Del Val All Sports Booster Club, and any other employee or student of the Delaware Valley Regional High School, for any expenses, charges, other costs or claims for damage or injury because of his/her participation in this clinic.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### PAYMENT:

Please make check for \$40 payable to: **Del Val All Sports Booster Club** (write Cheer Clinic in memo section of check)

Please mail this form and payment before July 15, 2019 to: **Melissa Hancsin 32 Senator Stout Rd Pittstown, NJ 08867**

After July 15th, please bring this form to the clinic at 8:30 am along with payment (Cash or Check)

